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ABSTRACT

Home based family centered (HBFC) service programs have been developed as alternatives to out-of-home placement. These programs have reported relatively high service success rates at costs signficantly lower than foster home and institutional care while, at the same time, avoiding the social and psychological risks of out-of-home placement. Variations in HBFC programs reflect the objectives and needs of the community served. Programs appropriately used as alternatives to substitute care are characterized by a primary caseworker, small caseloads, teamwork, 24-hour staff availability, service in the family home, comprehensive services, maximum use of family resources, provision of help with any problem, and keeping the parent in charge of the family. There are several advantages of HBFC programs. These programs surmount the professional distance barrier; highlight families' strengths; provide didactic teaching, modeling, coaching, counseling, rehearsing, and encouraging; and provide protective service workers and judges with safe and comfortable options for many families. HBFC programs have proven to be effective with families at risk of out-of-home placement and are beneficial to minorities. HBFC programs help to create a balanced child welfare system by providing a realistic option for families experiencing difficulties and the threat of out-of-home placement of one or more family members. (NB)

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HOME BASED CARE: DIRECTION FOR THE 80S

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PREPLACEMENT PREVENTION AND FAMILY REUNIFICATION

DIRECTION FOR THE 80'S

More than a decade ago the Joint Commission on Mental Health of Children noted that this nation, which looks to the family to nurture its young, gives no real help with child rearing until a child is badly disturbed or disruptive to the community. The commission warned that the family cannot be allowed to withstand alone the enormous pressures of an increasingly technological world.[1] Long before the commission called our attention to the neglect of our primary social welfare institution, the family, others had pointed to the need to direct our resources not to the replacement of the family, but to its support and maintenance.[2] Perhaps the major impetus in this regard has come from the awareness that in order to protect children, we must protect their families.

Beginning with the St. Paul Family Centered Project in the 50's, home based family centered service programs began to emerge.[3] By 1970 researchers had raised profound issues about the extensive use of substitute care as a means of managing children.[4] During the 70's several important studies and surveys were publicized and politicized.[5] The public became the judge and the ensuing decade witnessed the development of numerous home based family centered service programs as alternatives to out of home placement.[6] These programs have reported relatively high service success rates at costs significantly lower than foster home and institutional care.[7] At the same time, the social and psychological risks of placement are avoided.

Fundamentals of the Home Based Family Centered Approach

Home based family centered service is sometimes erroneously equated with partial services which usually focus on an individual; casework with children who live at home, homemaker

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services, day care, and other traditional partial services supportive to the family. These important programs are adequate for many families. Indeed, one or more may be a component of home based family centered service as described below. However these familiar services are often insufficient for many families whose problems are severe enough to prompt consideration for out-of-home placement.

The decision to place a family member outside his/her home is a monumental one which should be made only with the greatest of care and deliberation. Placement damages whatever continuity the child has experienced and introduces new emotional risks. The awesome responsibility for such decisions too often falls to those least qualified to decide and made without due regard for the power of family attachments.

Variations in HBFC programs reflect the objectives and needs of the community served. Variables include differing staffing patterns, intensity of service and staff availability, type and quantity of training and experience of staff, population served, and program objectives. The HBFC worker who is in the home most every day and whose unique position and relationship with the family is key, makes service coordination (usually more myth than reality) possible. Efficient and accurate assessment is possible and service is appropriate to needs.

Those programs which are appropriately utilized as alternatives to substitute care are characterized as follows:

1. A primary worker or case manager establishes and maintains a nurturing, supportive relationship with the family.
2. Small caseloads, staff availability and the utilization of a wide variety of helping options.
3. One or more associates serve as team members or provide backup for the daily worker and may meet regularly with the worker and the family.
4. Staff availability twenty-four hours a day, seven days a week, often serving as extended family.
5. The family home is the service setting, and includes

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problem solving efforts in the family's ecological system. This may involve the school, police, employers, housing authorities, etc.

6. Service is as complete, comprehensive, and intensive as is necessary to effect problem resolution.

7. Maximum utilization of family resources, extended family, and community. Workers quickly discover and build on strengths in families, even the most problematic families.

8. Provision of help with any problem presented. If the team does not have the expertise or resources needed, it arranges for or creates them in order to stabilize and improve family functioning.

9. The parent remains in charge of his/her family, as educator, nurturer, and primary care provider. Parents are often given renewed relevance and participate in setting program priorities, planning, and decision making.

Home based family centered service programs reflect the principle that the first and greatest investment should be made in the care and treatment of children and their families in their own homes. Funds, personnel, and other resources are expended, not on one family member in placement, but on the family unit.

Advantages of Home Based Family Centered Service

It is estimated that the majority of children most in need of services are not reached by in-office approaches. HBFC care surmounts the professional distance barrier. The availability and consistency of the worker tend to overcome fear and mistrust. In-home workers gain firsthand experience with the realities of the family and its environment and struggles. Previously unknown problems of basic needs, family relationships and community pressures often emerge and errors in assessment tend to self-correct.

Families' strengths are most obvious in their own homes. Workers are able to utilize techniques which are realistically appropriate to needs. Many of the more effective educational

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and therapy techniques, impossible to apply with once or twice a week contacts in the office, become applicable. The pattern in child welfare has been to move from minimal, once or twice a week contact, to total care (placement). The HBFC approach reverses this practice by filling the gap between minimal service and total takeover.

Parents often need more than a set of verbal directions about what they must do to continue caring for, or to get their child(ren) returned to their care. Learning styles differ! Not all learn by auditory instruction. And new patterns of behavior cannot realistically be expected to become permanent without practice. The HBFC program provides a planned, sequenced program which may include didactic teaching, modeling, coaching, counseling, rehearsing, encouraging, etc. The team focuses on the most pressing problem in the present context and attempts to make a difference for the family early in the program.

The HBFC approach provides the protective service worker and the judge with a more safe and comfortable option for many families. Immediate and intensive crisis intervention is extended. Close monitoring may prevent the placement reflex. If placement does become necessary it can include the family in the decision-making, planning, placement, and consideration for return, for permanent placement, or adoption. HBFCS mimimizes the length of time spent in foster care and increases the chances for successful return home for children who have been in substitute care for an excessive period and have failed to adjust.[8]

Applications of HBFCS

HBFCS is the model of service most logical in efforts to reunify families. Special applications of HBFCS to family reunification include the following:

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1. The accepting nurture and support which may be necessary for some parents to gain the hope and confidence to sustain effort and motivation in highly threatening circumstances.
2. The time, resources, and commitment necessary to initiate and support a therapeutic partnership between foster parents and biological parents when this is possible and appropriate.
3. The time and investment to facilitate, plan, and monitor increasingly frequent home visits by the child, leading up to reunification or alternative permanent plans.
4. When a child returns home from having been in substitute care, the adjustment period is crucial. The intensive nature of HBFCS provides for monitoring of difficulties and immediate intervention which facilitate adjustment.
5. HBFCS gives parents all the support and service necessary for them to resume care of their children.

HBFCS addresses the recent findings that over half of the children in foster home care received no services at home prior to placement.[9] The approach has proven effective with families at risk of out-of-home placement. These include the following:

1. Status offenders and minors adjudicated delinquent.
2. Both prevention and treatment of children at risk of abuse and neglect.
3. Multiproblem families.
4. Families of emotionally disturbed children or parents.
5. Families of adolescents in conflict with family and community.[10]

Implications for Minorities

Minority children and youth make up a percentage of those in substitute care disproportinate to their numbers in the general population. Blacks constitute about 13.6 percent of the total youth population but they account for thirty-six percent of those in placement.[11] Hispanic children are disproportionately represented in institutions for neglected and and dependent children.[12] Asian-American families bring values unique to their culture which call for a HBFCS approach.

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The cultural bias which has resulted in the placement of large numbers of children and youth from minority families has been particularly destructive for American Indian families. Twenty five percent of American Indian children are not living with their families and many of those are living in non-Indian homes with no access to their tribal homes and relationships.[13] HBFCS relates more realistically to the practical issues, needs and strengths of these families.

Traditional methods of service delivery have been ineffective for many minority families. Some HBFCS programs serve primarily minority families. The importance of culture in child development has too often been ignored. HBFCS programs recognize and build on the meaning and importance of biological, social, psychological, economic, and geographical components of relational systems.

Summary and Implications

High quality foster home and institutional care continues to be important as alternatives for many families. But a balanced child welfare system should include realistic options for families experiencing difficulty and the threat of placement of one or more members. We can give children the permanency of environment, continuity of relationships, and the security they need by giving them their families. Speaking at the First National Symposium on Home Based Family Centered Service in 1978, Gertrude Hoffman summarized the task before us:

> The inherent integrity of the family as the primary care system must be at the core of any kind of social policy development, and there must be built-in safeguards against harm to that system. That we are dangerously close to aiding in the destruction of family life, because of archaic ideas about family responsibility, individual ability to be self-sustaining, and family relationships, gives rise to the question:

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How do we strike down the barriers to comprehensive service delivery where and when they are needed.

Seasoned child welfare workers, professors and policy makers--many ask where HBFCS fits in the "continuity of care." To answer this question we must first ask and answer one which has been overlooked: Where does the family fit in the continuity of care? We must review our mission in the context of new knowledge. Professionals, policy makers, and the general public must scrutinize programs eager to bypass and replace the family. Activities which have earned us the dubious title of "child savers" must be reviewed. Programs which focus primarily on one family member at the expense of the rest of the family; those which revolve conveniently around a collective of professionals and one family member isolated from the family's daily reality; these traditional approaches which have often at best failed and at worst, have perpetrated damage, must be more closely monitored if we are to succeed in diverting scarce resources to the support, nurture, and maintenance of families.

Finally, the 1980 Adoption Assistance and Child Welfare Act (PL 96:272) may provide fiscal incentive for the continued development and expansion of the HBFCS approach. This remains to be seen, however, as there are indications that federal guidelines for states to qualify for new IVB funds may simply call for more of the traditional, partial, minimal, fragmented services to deeply troubled families who need far more. Any serious effort at preplacement prevention and family reunification must begin with the HBFCS approach as it has been developed during the past three decades.

The home based family centered model of service delivery to troubled children and their families offers public and private child welfare and family service agencies a farsighted, compelling challenge to move forward in the development and extension of effective, efficient and humane child welfare services.

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